

Name In Full

Certificate of Death

Marie Ruth Ambrose

Town

County

Died at

Gumblinland

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Mar 10

Age

2

☒ Male

☐ White

☐ Married

☐ Widow

☐ Divorced

☐ Female

☐ Colored

☐ Single

☐ Widower

☐ Number of children living

Husband

of

Wife

L. H. Ambrose

Father's

Name

Mother's

Maiden Name

May House

Cause of

Primary

Typhoid-Enteritis

How long sick

1 wk

Death

Immediate

Accident, Suicide, Homicide

105

Reported by

H. S. Wailer

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Robert D. Barth

CERTIFICATE OF DEATH

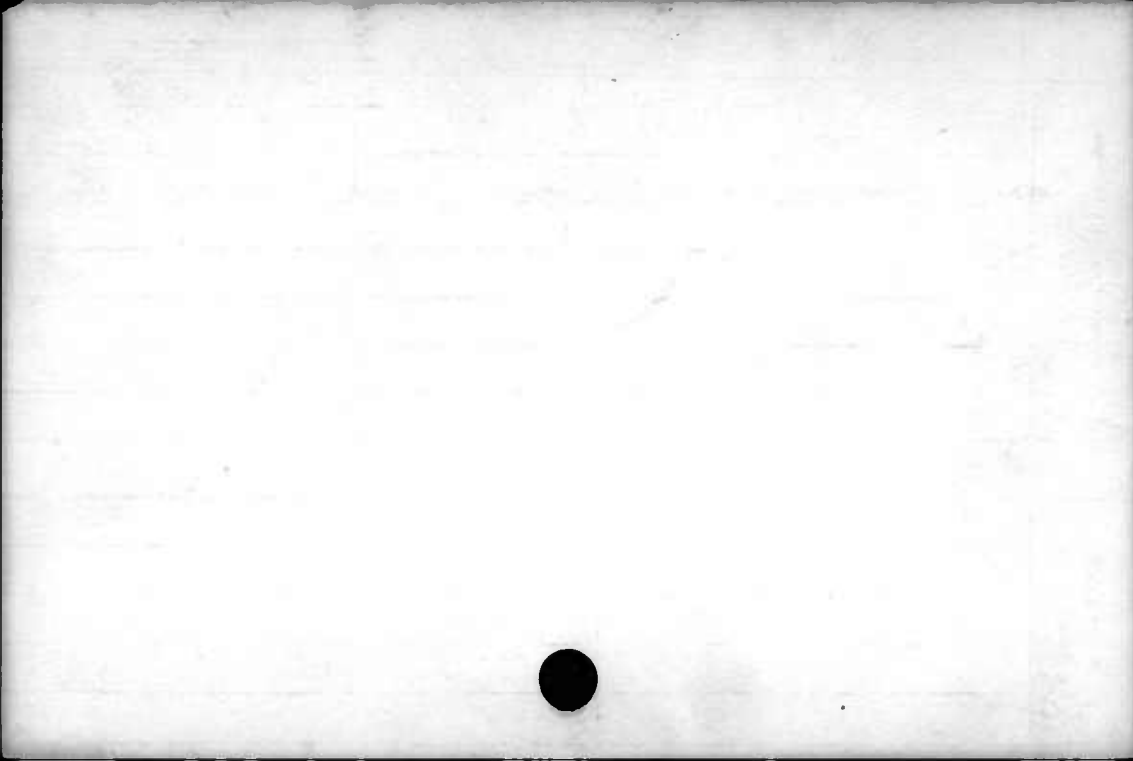
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oldtown</i>		Town		<i>Allegany</i>		County		MARYLAND	
Date of death 1901	Month <i>Nov</i>	Day <i>14</i>	Age	Years <i>58</i>	Months <i>8</i>	Days <i>—</i>			
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Washington D</i>						
Married, Single & Widowed			Occupation						
Name of Wife or Husband <i>—</i>									
Father's Name <i>—</i>			179			Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>						Mother's Birthplace <i>—</i>			
Name of person giving information <i>—</i>						How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General exhaustion</i>	How long	<i>100 years known</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W. W. Wiley</i>	
		Address	
		<i>Cum gratia</i>	
Accident or Suicide?			



Emma Barber Breakall, 114

Town

County

Died at Cumberland

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation	
1902	Nov.	29	Age	31	7	29	Pa.	Housewife
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower			Number of children living	2	

Husband of Amos J. Breakall

Wife

Father's Name _____ Mother's Maiden Name _____

Cause of	Primary	Hepatitis	How long sick	2 Mo.
Death	Immediate	Exhaustion	Accident, Suicide, Homicide	

Reported by

Address

100 Va. Ave.

Cumberland Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

John Burkut

Town

County

MARYLAND

Died at *Barton*

Date

Month

Day

Years

Months

Days

of death 1902

Nov

11

Age

1

1

2

Sex

Male

Color or
Race

white

Birth-
place

Barton

Married, Single
or Widowed

Single

Occupation

None

Name of Wife or
Husband

None

Father's
Name

John Burkut

Father's
Birthplace

Alley Co

Mother's
Maiden Name

Elsie Miller

151

Mother's
Birthplace

Alley Co

Name of person giving
In formation

Elsie Burkut

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Athletic

How long

1

Immediate

1

How long

1

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. A. Boucher

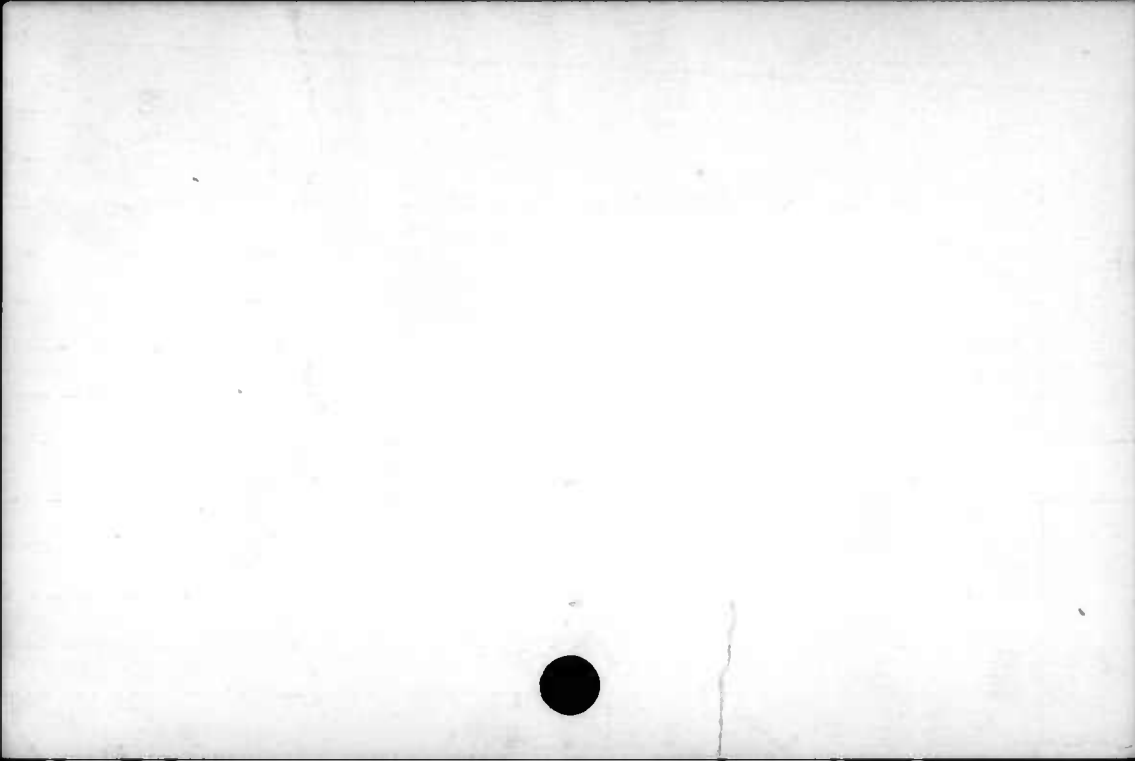
Address

Barton Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Charles Ben. Sawgice

Town

County

MARYLAND

Died at Cumberland

Allegheny

Date

Month

Day

Years

Months

Days

of death 1902

11

7

Age

1

12

Sex

Male

Color or
Race

White

Birth-
place

Cumberland

Married, Single
or Widowed

Single

Occupation

Name of Wife or
HusbandFather's
Name

Howard Sawgice

Father's
Birthplace

N Va

Mother's
Maiden Name

Ada Fischel

Mother's
Birthplace

N Va

Name of person giving
Information

Father

How related
to deceased

Father

CAUSES OF DEATH

Primary

Enteritis

How long

one week

Immediate

Convulsions

How long

few hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

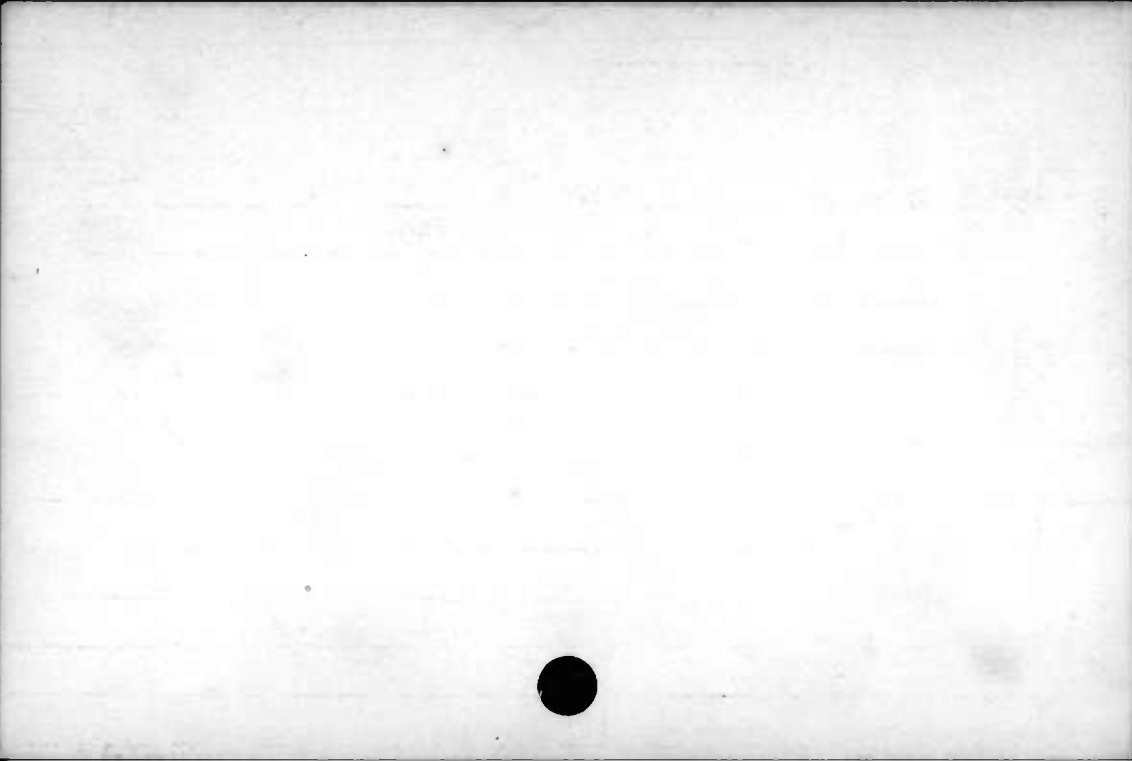
Signature of
Physician

Address

J. N. Fichtman

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ellen Chambers

CERTIFICATE OF DEATH

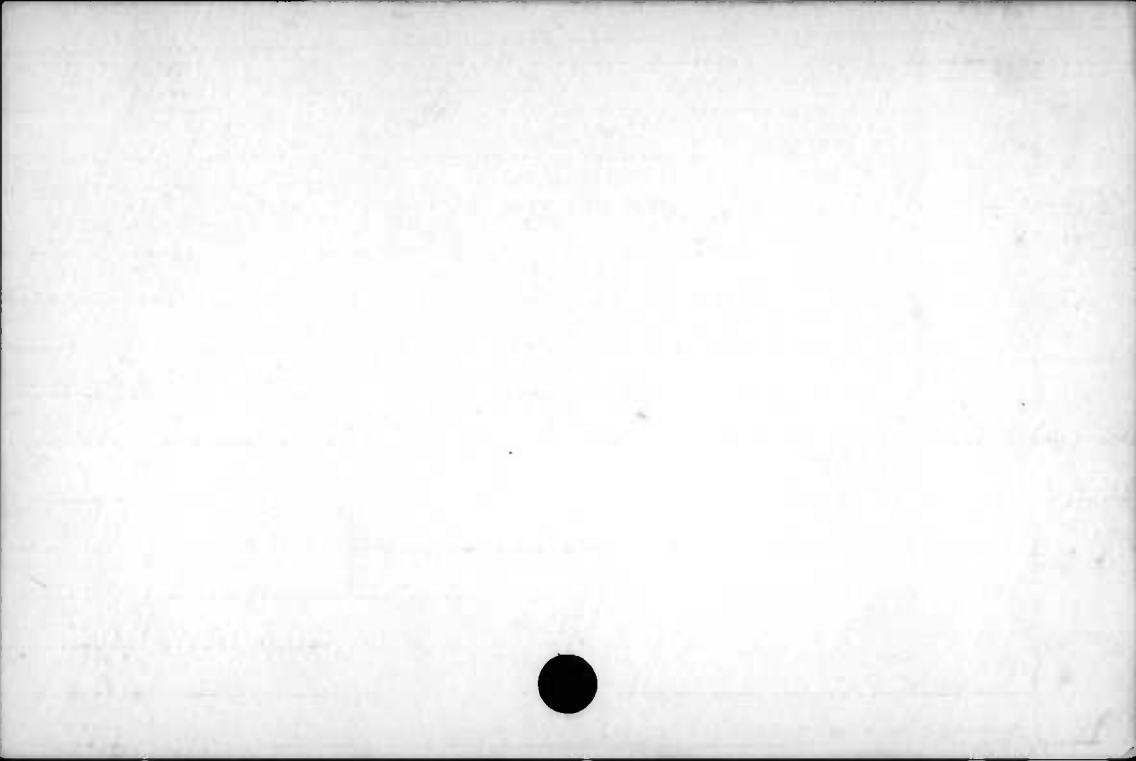
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sonacoring</u> ^{Town}		<u>Allegany</u> ^{County}		MARYLAND	
Date of death 190	<u>2</u> ^{Month}	<u>Nov</u> ^{Day}	<u>14</u> ^{Age}	<u>52</u> ^{Years}	<u>4</u> ^{Months}
					<u>24</u> ^{Days}
Sex	<u>71</u>	Color or Race	<u>White</u>	Birth-place	<u>Mass:</u>
Married, Single or Widowed	<u>Single</u>		Occupation	<u>—</u>	
Name of Wife or Husband	<u>—</u>				
Father's Name	<u>John Chambers</u>			Father's Birthplace	<u>Ireland</u>
Mother's Maiden Name	<u>Anastasia Lyner</u>			Mother's Birthplace	<u>"</u>
Name of person giving Information	<u>John Chambers</u>			How related to deceased	<u>Brother</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Chronic nephritis</u>	How long	<u>—</u>
Immediate	<u>Haemia</u>	How long	<u>5 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>M. Gibson Porter</u>
		Address	<u>Sonacoring Md.</u>
Accident or Suicide?	<u>No</u>		



Name
in
Full

Frank Curtis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1902		Month 11	Day 7	Age 38	Years	Months	Days
Sex Male		Color or Race Black		Birth-place Hancock Md			
Married, Single or Widowed		Single		Occupation Laborer			
Name of Wife or Husband							
Father's Name Not Known				Father's Birthplace			
Mother's Maiden Name Rachel Curtis				Mother's Birthplace Hancock			
Name of person giving information Mattie Robinson				How related to deceased None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

John Custer

Town

Moscow Mills

County

Allegheny

MARYLAND

Died at

Date

of death 1902

Month

Nov

Day

30

Year

Age 1

Months

1

Days

26

Sex

Male

Color or
Race

white

Birth-
place

Allegh. Co.

Married, Single
or Widowed

L

Occupation

L

Name of Wife or
Husband

L

Father's
Name

Chas Custer

120

Father's
Birthplace

Garrett Co

Mother's
Maiden Name

Mary Clark

Mother's
Birthplace

Garrett Co

Name of person giving
information

Chas Custer

How related
to deceased

Father

CAUSES OF DEATH

Primary

Chronic Bright's Disease

How long

6 months

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

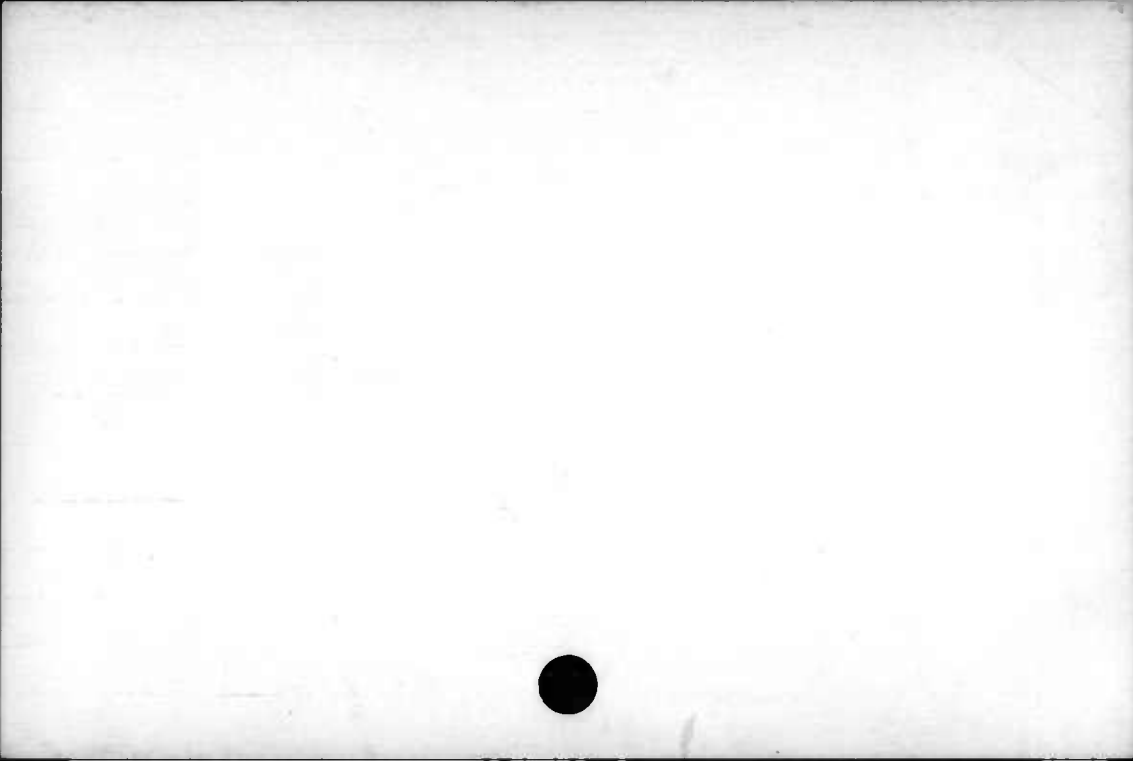
S. C. Boncher

Address

Barton Ind

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Helen Starlan Dickson

CERTIFICATE OF DEATH

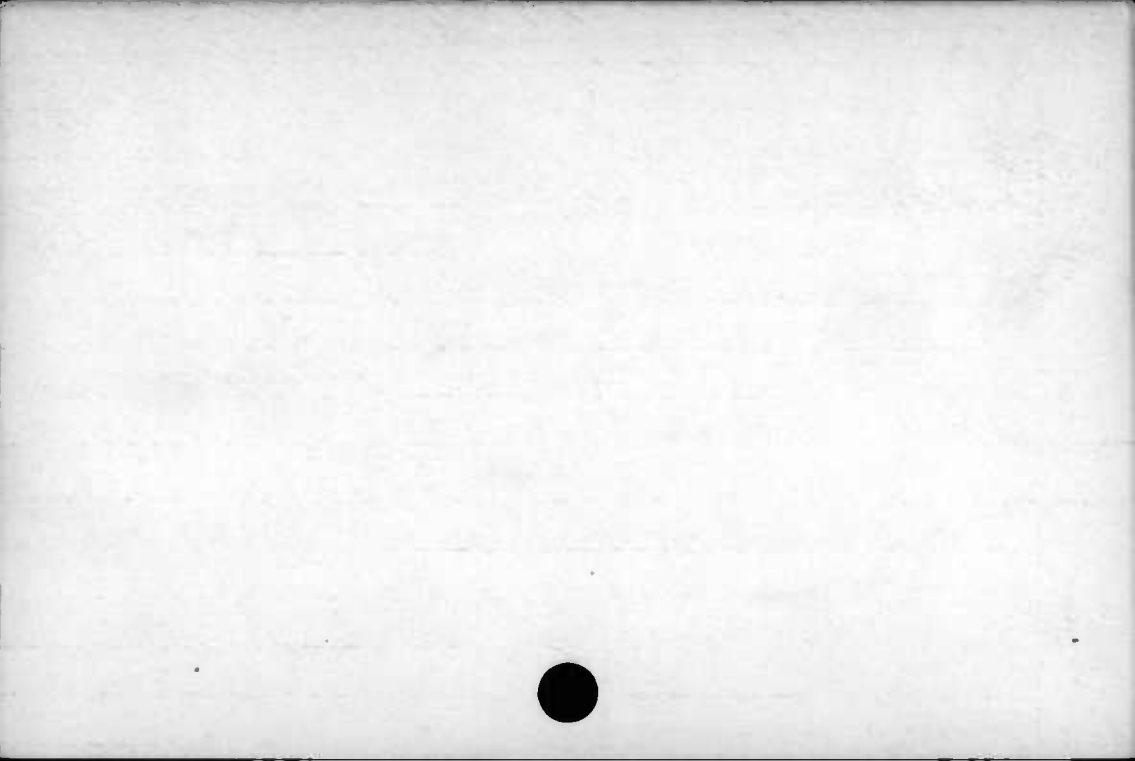
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Cumberland		County		Allegheny		MARYLAND	
Date of death	190	2	Month	13	Day	2	Years	6	Months
Sex		female		Color or Race		white		Birth-place	
Married, Single or Widowed		—		Occupation		—			
Name of Wife or Husband		—							
Father's Name		Howard H. Dickson		Father's Birthplace		Pa			
Mother's Maiden Name		Annie Roberts		Mother's Birthplace		Md			
Name of person giving information		(Self)		How related to deceased		none			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diphtheria	How long	3 days
Immediate	syncope	How long	immediate
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. H. Brace M.D.	
Address		Cumberland Md	
Accident or Suicide?		—	



Name
in
Full

Jonnie Bell Edwards

CERTIFICATE OF DEATH

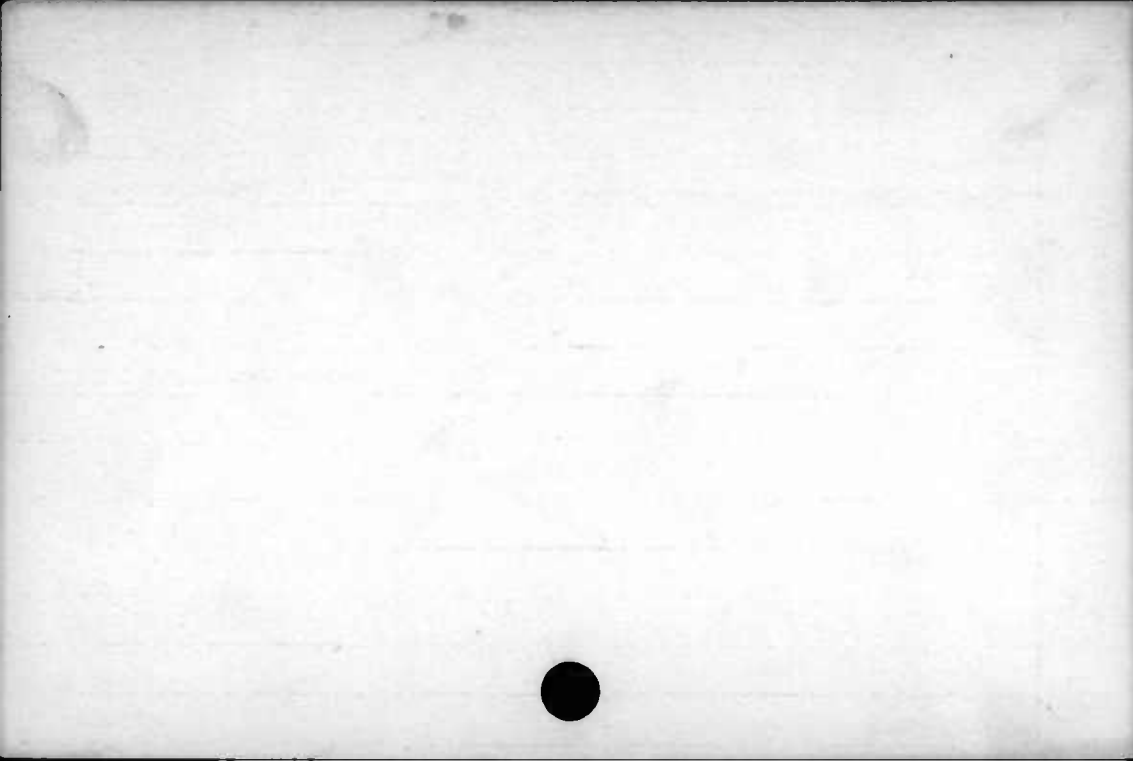
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegheny		MARYLAND	
Date of death 1902		Month Nov		Day 26		Age 42	
Sex Female		Color or Race Black		Birth- place Monrovia W. Va			
Married, Single or Widowed		Married		Occupation Housework			
Name of husband Isaac Edwards							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Pulmonary Tuberculosis		How long about one year	
Immediate		Exhaustion		How long —	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
				Address Cumberland Md	
Accident or Suicide?		—			



Name
in
Full

alex Tasy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Cumhur Land.*

Town

County *allegany*

County

MARYLAND

Date
of death 190 2Month
*Nov.*Day
12

Age

Years
38

Months

Days

Sex

*Male*Color or
Race*Col.*Birth-
place*M. C.*Married, Single
or Widowed*Married*

Occupation

*Wood Carries*Name of Wife or
Husband*Middle Tasy*Father's
Name*—*Father's
Birthplace*M. C.*Mother's
Maiden Name*—*Mother's
Birthplace*M. C.*Name of person giving
information*120*How related
to deceased

CAUSES OF DEATH

Primary

Bright's Disease

How long

3 months

Immediate

& heart

How long

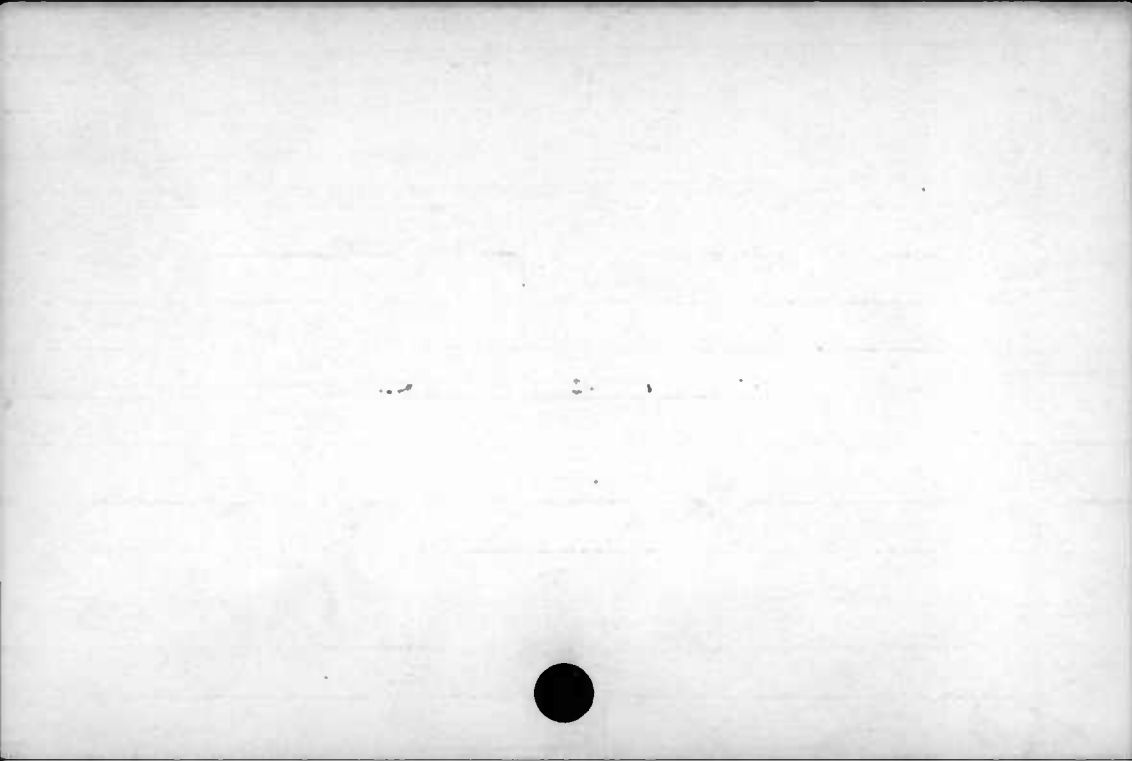
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Thos. M. Tasy, M.D.*

Address

Cumhur Land.

Accident or Suicide?

*no*PHYSICIAN
OR CORONER



Name In Full

Certificate of Death

Beenie May Francis

Town

County

Died at

Cumberland Allegany

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

11-11

Age

46 1/2

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

1 day

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 69005

Green River Coffee Co.

Denver Colo

Name in Full

Certificate of Death

Amanda May Glaze

Town

County

Died at

Cumberland Maryland

MARYLAND

Data 1902 Nov. 7 Y. M. D. 23 Native of Maryland Occupation

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

One

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Maiden Name

How long sick

4 or 5 months

~~Accident Suicide Homicide~~

Reported by

Address

James J. Johnson, M.D.
Cumberland Maryland

LIBRARY BUREAU, 76544



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Online Hilton</i>		Town <i>Eckhart Mines</i>		County <i>Allegheny</i>		MARYLAND							
Date of death 190 <i>2</i>		Month <i>11</i>		Day <i>11</i>		Age <i>80</i>		Years <i>11</i>		Months <i>11</i>		Days <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>									
Married, Single or Widowed <i>Widow of Geo Hilton</i>		Occupation <i>N N</i>											
Name of Wife or Husband													
Father's Name <i>79</i>						Father's Birthplace							
Mother's Maiden Name						Mother's Birthplace							
Name of person giving information <i>Warren Hilton</i>						How related to deceased <i>Son</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Toxic Regurgitation</i>		How long <i>5 yrs</i>	
Immediate <i>Dropsy</i>		How long <i>4 wks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>WOM Lane M.D.</i>	
		Address <i>Frostburg Md</i>	
Accident or Suicide?			

G. M. Eckhart

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Michael Hopkins*

Town *Cumby* County *Allegheny* MARYLAND

Died at

Date of death 190 *2* Month *11* Day *26* Age *71* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Ireland*

Married, Single or Widowed *Married* Occupation *Laborer*

Name of Wife or Husband *Mary Ann*

Father's Name *James Hopkins* Father's Birthplace *Ireland*

Mother's Maiden Name Mother's Birthplace

Name of person giving information *James Hopkins* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Indigestion* 104 How long

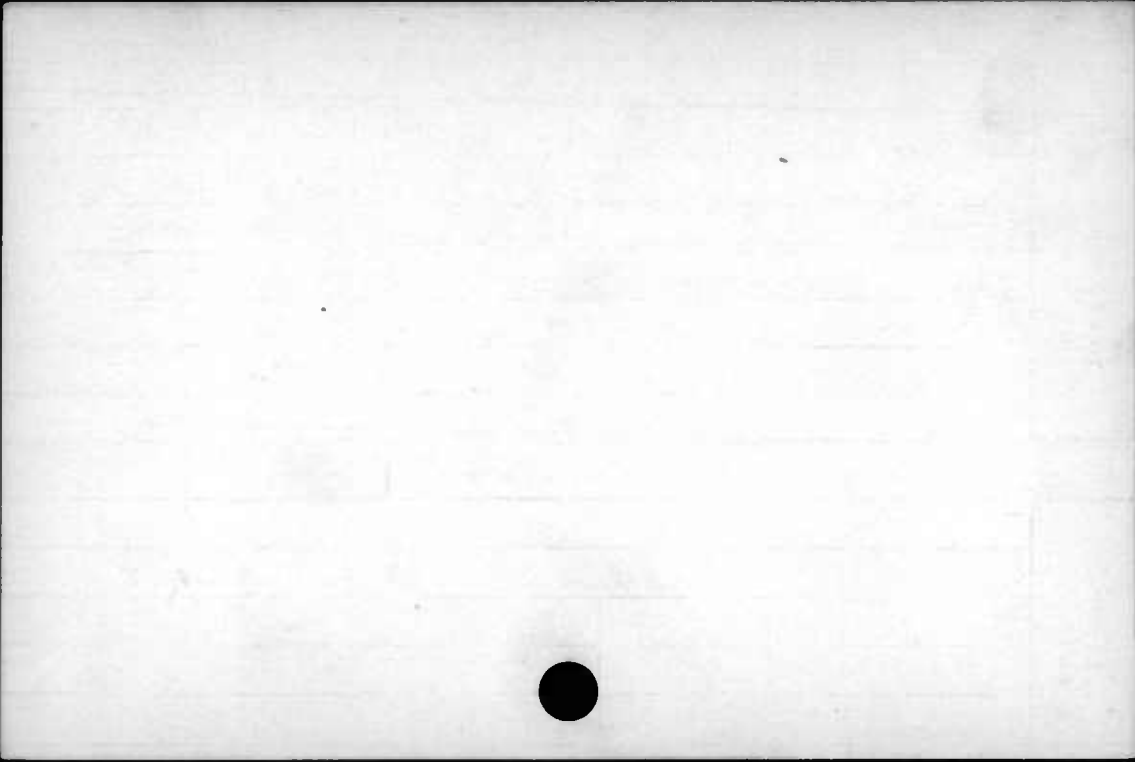
Immediate How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Geo L. Carter*

Address *George St.*

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 190

Sex

~~Married, Single~~
or WidowedName of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
Information

Town

County

MARYLAND

Month

Day

Years

Months

Days

Age

Color or
RaceBirth-
place

Occupation

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

How long

How long

C. F. Nickel

Accounting

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>T. Cumb</i> Town		<i>Allegany</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>11</i>	Day <i>27</i>	Age <i>14</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Kings Grove Ind.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Clerk</i>		
Name of Wife or Husband _____					
Father's Name <i>Clarence M. King</i>			Father's Birthplace .		
Mother's Maiden Name _____			Mother's Birthplace _____		
Name of person giving information <i>Undertaker</i>			<i>166-</i> How related to deceased _____		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gun Shot Wound</i>	How long <i>1/2 hour</i>
Immediate <i>Exhaustion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. J. Conner Conner</i>
	Address <i>48 Baltimore St.</i>
Accident or Suicide? <i>Accident</i>	<i>X</i>



Name
in
Full

Wanita Laure Marvin

CERTIFICATE OF DEATH

Town

County

Died at

Cum

Wile

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

2 Nov

6

Age

5

Sex

Female

Color or
Race

White

Birth-
place

Id

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Scott Marvin

Father's
Name

Scott Marvin

Father's
Birthplace

Id

Mother's
Maiden Name

Laura Middleton

Mother's
Birthplace

Id

Name of person giving
In formation

Walter

How related
to deceased

CAUSES OF DEATH

Primary

Hydrocephalus

150

How long

One week

Immediate

Exhaustion

How long

One day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. B. McDaniel

Address

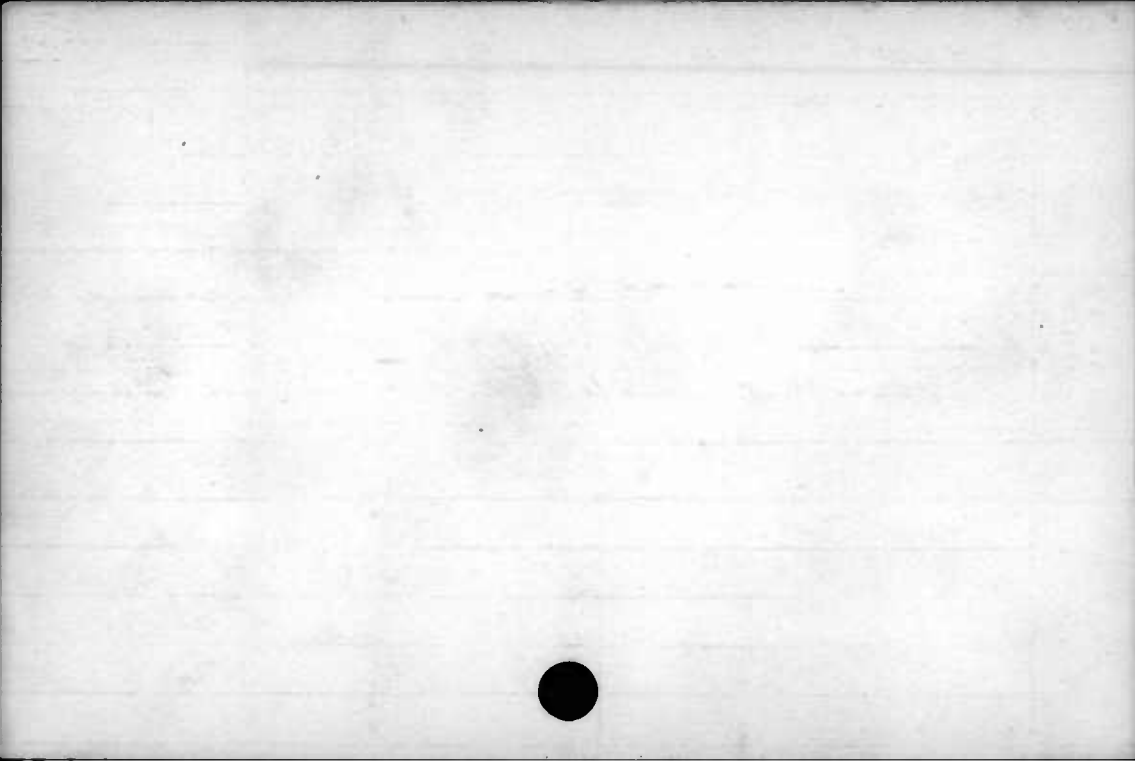
Id

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mollis Morris

CERTIFICATE OF DEATH

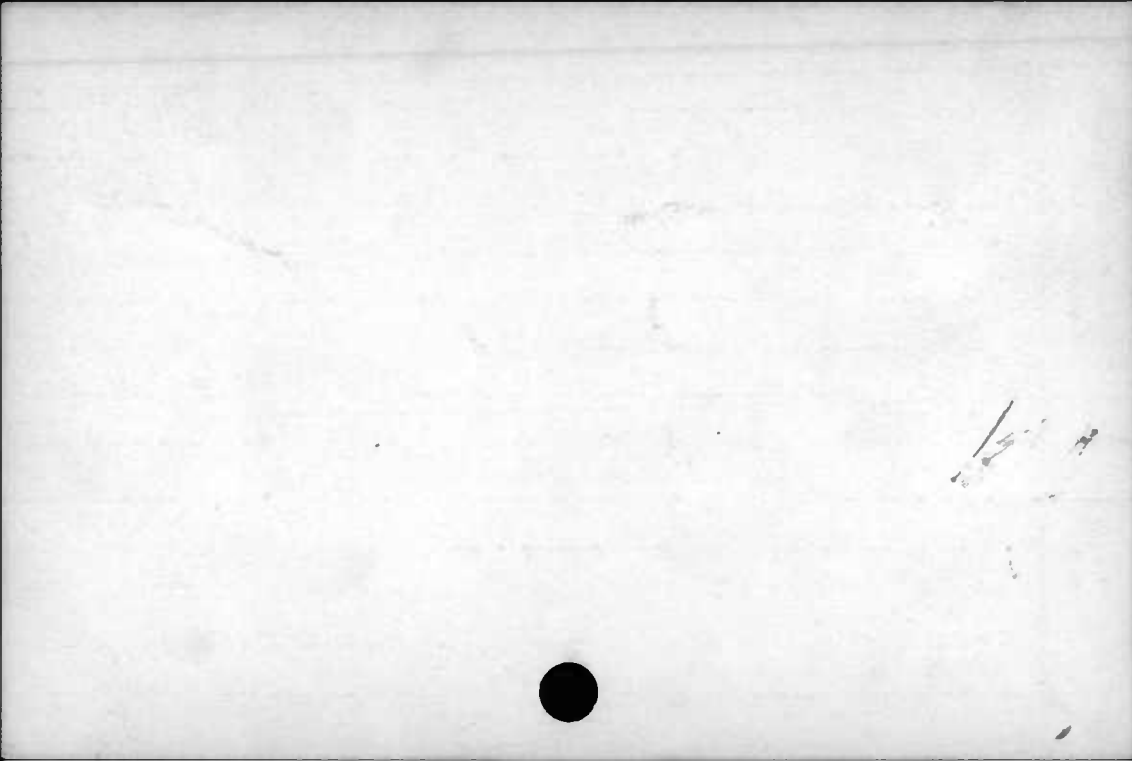
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lumbertaud.</i>		County <i>allegany</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Nov.</i>	Day <i>23</i>	Age <i>43</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Lumbertaud. Md</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Housework</i>			
Name of Wife or Husband					
Father's Name <i>Robert Morris</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Miss Sullivan</i>			Mother's Birthplace <i>Md</i>		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

Primary <i>Operation for Cancer</i>	How long <i>166</i>	How long <i>4 Day's</i>
Immediate <i>Exhaustion & Dephetic</i>		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. W. Fraw</i>	
	Address <i>Lumbertaud, Md.</i>	
Accident or Suicide?		

PHYSICIAN
OR CORONER



James Mauley

Town

County

Died at

Chesapeake

Allegheny

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02

11

9

Age

25

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Iron works

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

121

Cause of

Primary

Ruptured blood vessel

How long sick

3 weeks

Death

Immediate

Gangrene due to infection

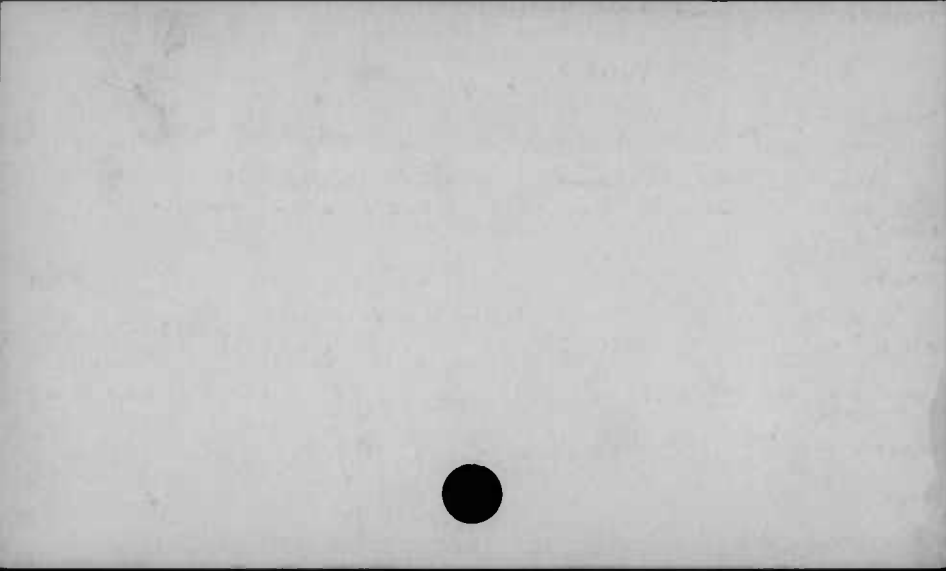
Accident, Suicide, Homicide

Reported by

E. B. Allenbrook M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

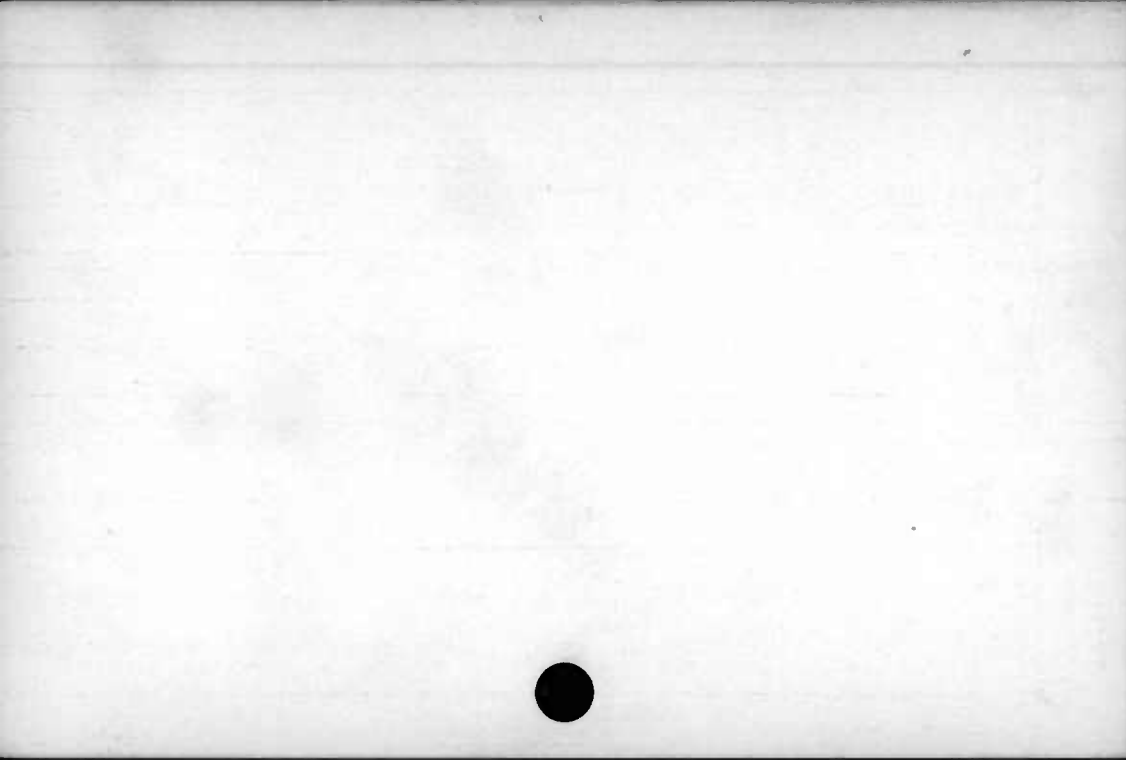
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Camden</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Nov.</i>	Day <i>23</i>	Age	Years	Months <i>3</i> Days <i>2</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Chas. Morrissey</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Mary Barrett</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Mother</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>151</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. H. Evans</i>
	Address <i>Camden, Ind.</i>
Accident or Suicide?	



Name
in
Full

David W. Peebles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sonoma</i> ^{Town}			<i>Allegany</i> ^{County}			MARYLAND	
Date of death 190 <i>2</i>	Month <i>Nov.</i>	Day <i>27</i>	Age <i>29</i>	Years	Months <i>—</i>	Days <i>19</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Sonoma, Md.</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>Miner</i>				
Name of Wife or Husband							
Father's Name <i>Thomas Peebles</i>				Father's Birthplace <i>Scotland</i>			
Mother's Maiden Name <i>Mary Fleming</i>				Mother's Birthplace <i>Scotland</i>			
Name of person giving In formation <i>Thomas Peebles</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fracture of Skull. Luxation of Shoulder Joint</i>		How long <i>12 hours</i>
Immediate <i>Shock</i>		How long <i>R.R. accident</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. E. Ashlee</i>
		Address <i>Sonoma, Md.</i>
Accident or Suicide? <i>Accident</i>		



Name
in
Full

Henry Persch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Alleghany</u> ^{County}		MARYLAND		
Date of death 1902	Month <u>Nov</u>	Day <u>17</u>	Age <u>51</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth- place <u>Germany</u>			
Married Single or Widowed <u>Single</u>		Occupation <u>—</u>				
Name of Wife or Husband <u>—</u>						
Father's Name <u>—</u>			Father's Birthplace <u>—</u>			
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>			
Name of person giving In formation <u>Physician</u>			How related to deceased <u>not at all</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Angina Pectoris</u>	How long <u>2 days</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. H. S. Wadley</u>
	Address <u>Cumberland, Md.</u>
Accident or Suicide?	



Name
In
Full

Miriam Rank

CERTIFICATE OF DEATH

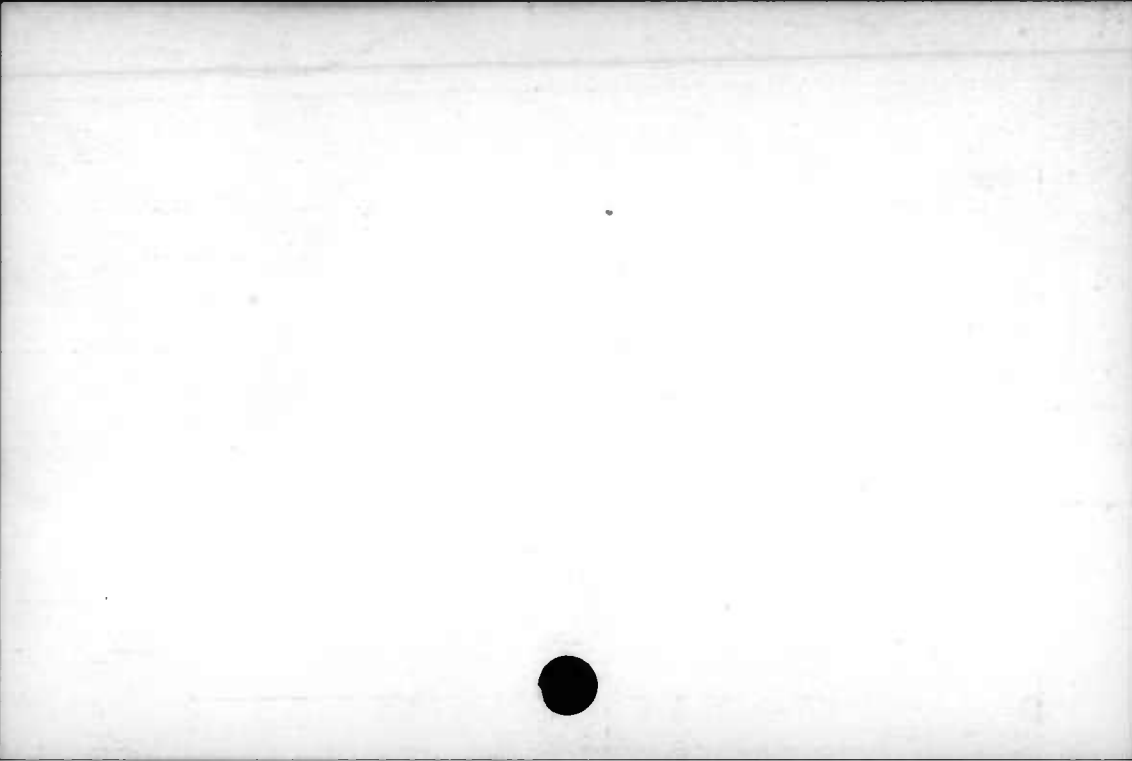
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1902		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birthplace			
Married, Single or Widowed		Occupation					
Name of Husband		Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace		How related to deceased			
Name of person giving information							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis agitans	How long	One year
Immediate	degeneration	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
Accident or Suicide?			



Name
in
Full

Bertine J Ruehl

CERTIFICATE OF DEATH

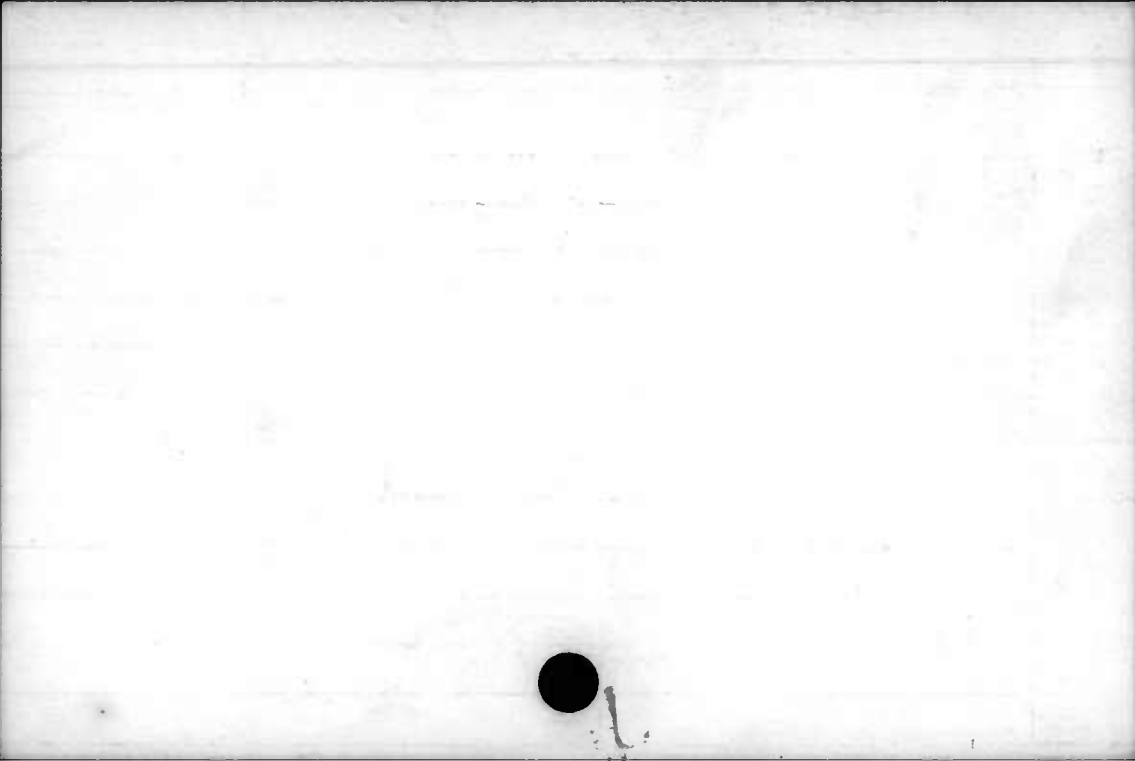
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumt'd</i>		County <i>Allegheny</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>11</i>	Day <i>4</i>	Years <i>5</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>american</i>	Birth-place <i>Cumt'd</i>			
Married Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm Ruehl</i>			Father's Birthplace <i>Germany</i>		
Mother's Name <i>Sophia Ruehl</i>			Mother's Birthplace <i>Cumt'd</i>		
Name of person giving information <i>Wm Ruehl</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Membranous Group</i>	How long <i>4 days</i>
Immediate <i>Exhaustion</i>	How long <i>18 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. L. Carver</i>
	Address <i>Cumberland</i>
Accident or Suicide?	<i>md</i>



Name
in
Full

Catherine Rupert

CERTIFICATE OF DEATH

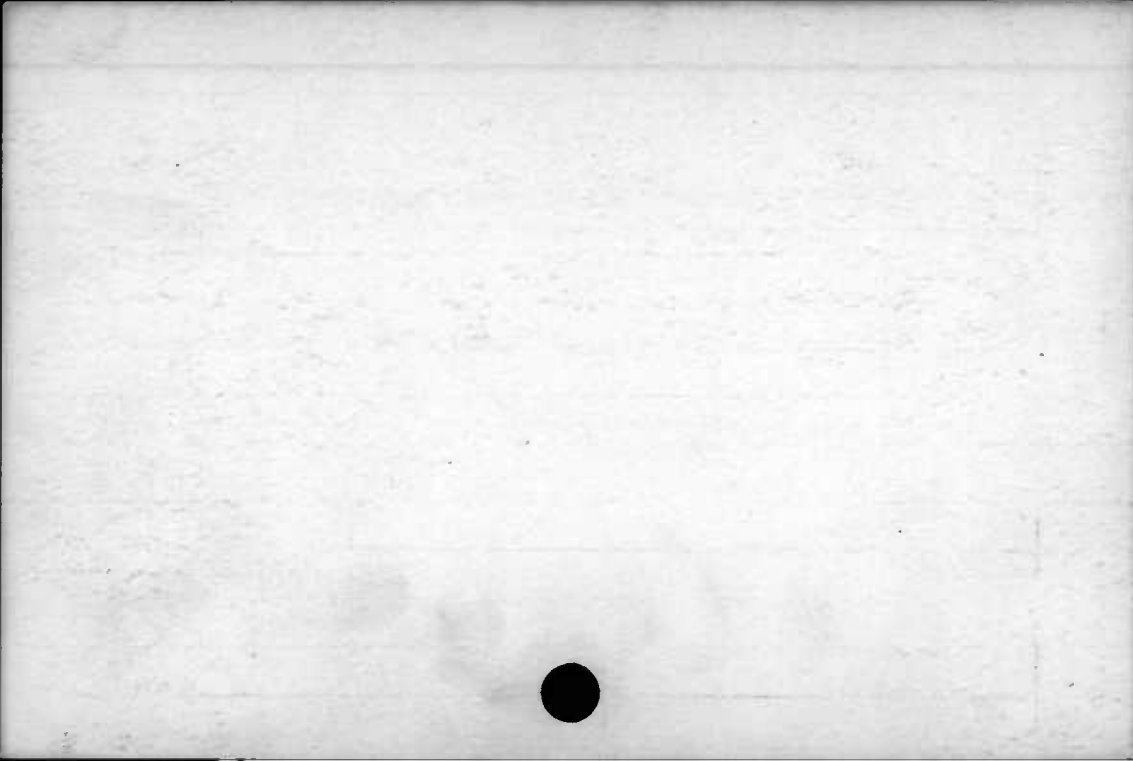
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumulated</i> ^{Town}			<i>Allegheny</i> ^{County}			MARYLAND		
Date of death 190 <i>2</i>		Month <i>Nov</i>		Day <i>26</i>		Age <i>—</i> Years		Months <i>—</i> / Days <i>1</i>
Sex <i>Female</i>			Color or Race <i>White</i>			Birth-place <i>Cumulated</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>chick</i>					
Name of Wife or Husband <i>—</i>								
Father's Name <i>Joseph V. Rupert</i>						Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Annie E. Straub</i>						Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Joseph V. Rupert</i>						How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Went home, did not see child</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. J. [unclear]</i>	
		Address <i>Cumulated [unclear]</i>	
Accident or Suicide? <i>—</i>			



Name in Full

Richard Sanders

Town

County

Died at

Cumtland

Allecomy

MARYLAND

Date

1891

Month

Day

Y.

M.

D.

Native of

Occupation

11 11

Age

40

IC Barber

Male

~~White~~

Married

~~Widow~~

~~Divorced~~

Number of children living

8

Husband

of

~~Wife~~

Father's

Name

Mother's

Name

Cause of

Primary

Billious Colic 114

How long sick

30 hours

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Cum gratia T. & C. Co.
Summer Cere

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death 1902	<i>Nov</i> ^{Month}	<i>14th</i> ^{Day}	Age	<i>Years</i>	<i>Months</i> <i>1</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>City</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Albert Shoter</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Anna Kreutz</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Mamie Shoter</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Trouble</i>	How long	<i>151</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Jas. J. Johnson</i>	
		Address <i>Cumberland</i>	
Accident or Suicide?			

700 1/2 1/2 4 5 10 1/2

St. Peter & Paul

Boat No. 14 1/2

Name
in
Full

George Forman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lumberton</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death 1902	Month <i>Nov.</i>	Day <i>20</i>	Years <i>35</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>machinist</i>			
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving In formation				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>6 years</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. W. Evans</i>
	Address <i>Lumberton, Ind.</i>
Accident or Suicide?	



Name
in
Full

Marion S Smutz

CERTIFICATE OF DEATH

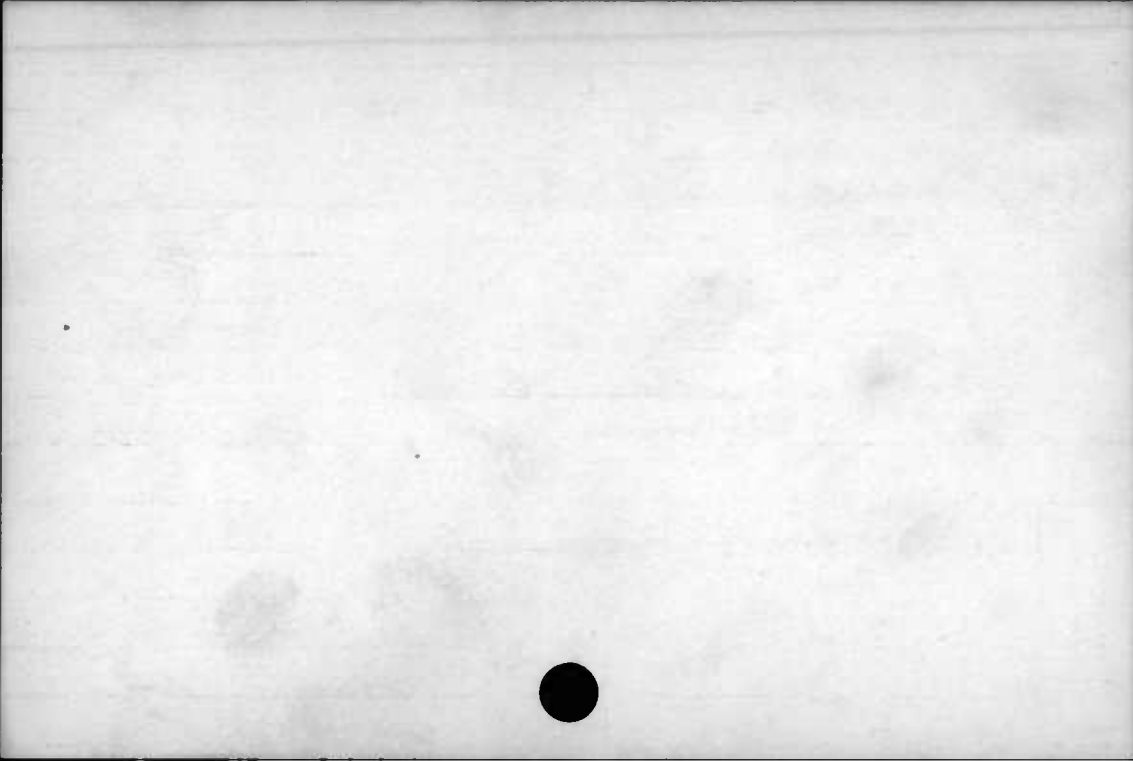
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death 190 2		Month November	Day 15	Age Years 7		Months 3	Days 4
Sex Female		Color or Race White		Birth- place Cumberland			
Married, Single or Widowed		Single		Occupation			
Name of Wife or Husband							
Father's Name John S Smutz				Father's Birthplace Cumberland			
Mother's Maiden Name May Thomas 93				Mother's Birthplace Cumberland			
Name of person giving Information Mrs Smutz				How related to deceased Grand mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Double Pneumonia		How long		5 days	
Immediate		Asphyxia		How long		3 hours	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician F. L. Barkdoll M.D.			
				Address 132 Virginia Ave.			
Accident or Suicide?							



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Cumtob</u> <small>Town</small>		<u>Allen</u> <small>County</small>		MARYLAND
	Date of death 190 <u>2</u>	Month <u>Nov</u>	Day <u>12</u>	Age <u>—</u> Years	Months <u>—</u> Days <u>One</u>
	Sex <u>male</u>	Color or Race <u>white</u>		Birth- place <u>Cumtob</u>	
	Married, Single or Widowed <u>—</u>		Occupation <u>—</u>		
	Name of Wife or Husband <u>—</u>				
	Father's Name <u>J. G. Summerville</u>			Father's Birthplace <u>MD</u>	
	Mother's Maiden Name <u>— Mary A. Thronum</u>			Mother's Birthplace <u>—</u>	
Name of person giving information <u>C. H. Brace</u>			How related to deceased <u>none</u>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Inanition</u>		<u>151</u>		How long <u>1 day</u>
	Immediate <u>—</u>				How long <u>—</u>
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>C. H. Brace, M.D.</u>		
			Address <u>Cumtob MD</u>		
Accident or Suicide? <u>—</u>					



Name in Full		Mary Catherine Somerville				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND			
		Crumm		Ad.					
		Date of death 190	2	Month	Nov	Day	15	Age	—
		Sex		female	Color or Race	white	Birth-place	md	
		Married, Single or Widowed		—		Occupation		—	
		Name of Wife or Husband		—					
		Father's Name		H. J. Somerville			Father's Birthplace	md	
		Mother's Maiden Name		Magg. A. Thronum			Mother's Birthplace	Ind	
Name of person giving information		(self)			How related to deceased	none			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Suasion		151	How long	4 days	
		Immediate		—			How long	—	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
						Address			
						Crumm and York			
Accident or Suicide?		—							



Name In Full

Certificate of Death

Henry Stafford

Town

County

MARYLAND

Died at

Cumberland

Allertown

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

11

6

Age

83

Scotch

Labourer

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Asthma

How long sick

Several years

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

J. M. [Signature]

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



ALICE B TALLEY.

Town ^A

County

Died at So. Cumberland Allegany

MARYLAND

Date 1902 Nov. 14 Age 52 -- -- Native of Md. Occupation Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

1

Husband of William S. Talley

Father's Name _____ Mother's Maiden Name _____

Cause of Primary Tuberculosis

How long sick

1 Week

Death Immediate Exhaustion from bronchitis

Accident, Suicide, Homicide

Reported by Geo. L. Broadrup M.D.

Address 100 Va. Ave. Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Robert Thompson

Town

County

Died at *London Chaff* *Allegan* MARYLANDDate 189 *90* *2* *Nov* *12* Month Day Y. M. D. Age *20* Native of *American* Occupation *miner*

Male

White

Married

Widow

Divorced

Occupation

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pertussis

How long sick

24 hrs

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. H. R. Plummer

Address

Midlothian

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

G. M. Allen

of

Seen by Coroner

of

Information contained in this certificate received from

of

Wannie Isadora Twigg.

Town

County

Died at Cumberland Allegany

MARYLAND

Died at Cumberland Allegany Md. Domestic
 Date 19 02 Nov. 6 Age 13 8 2 Md.
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of _____
 Wife _____

Father's Name David C Twigg Mother's Maiden Name Melvina C.

Cause of Death { Primary Diabetes How long sick 1 ; Month
 { Immediate Exhaustion 50
 { Accident, Suicide, Homicide

Reported by W. L. Broadnax M.D.

Address 100 Va Ave Cumberland Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Unknown Man

Died at ^{Town} Mt Savage Junct ^{County} Allegany MARYLAND

Date 1902 ^{Month} 11 ^{Day} 30 ^{Y.} ^{M.} ^{D.} ^{Native of} ^{Occupation}

Male ^{White} ^{Married} ^{Widow} ^{Divorced}

Female ^{Colored} ^{Single} ^{Widower} ^{Number of children living}

Husband of

Wife

Father's Name

Mother's Name

166

Cause of Death { Primary Rail Road Accident

Death { Immediate ^{How long sick}

Accident, Suicide, Homicide

Reported by Wm T Bonner Coroner

Address 48 Balto St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Devota M. Valentine

CERTIFICATE OF DEATH

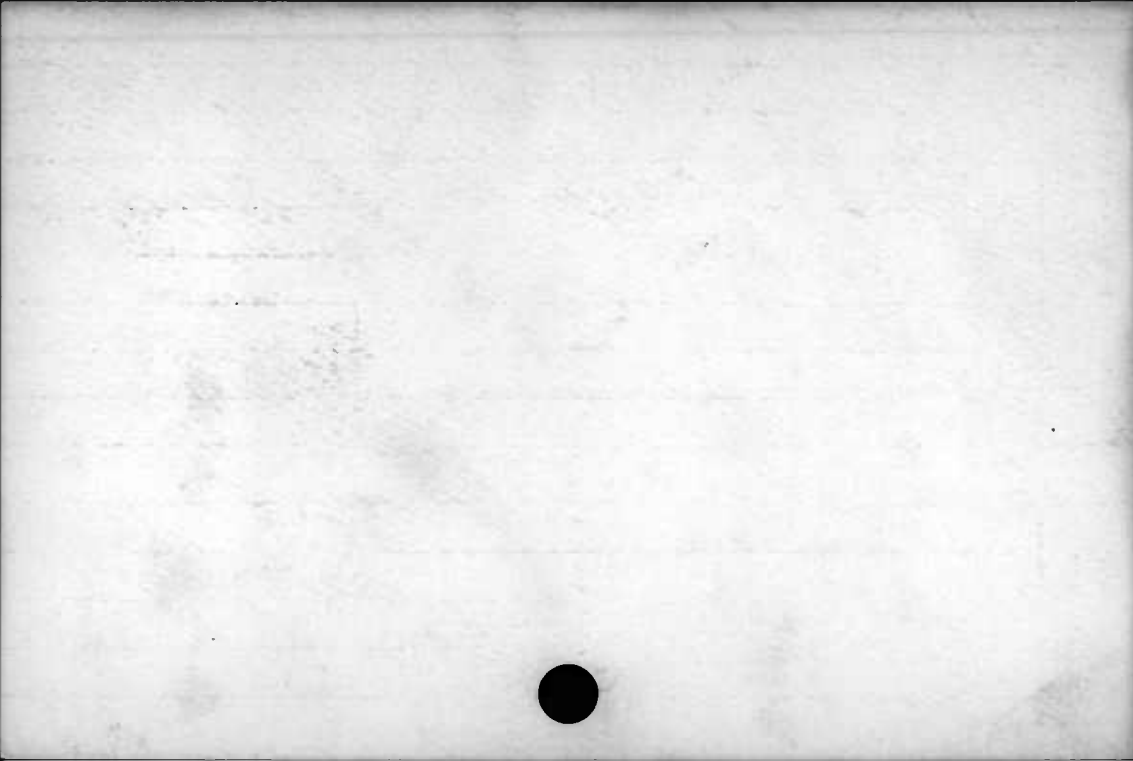
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death 1902		Month Mar	Day 10	Age 5	Years	Months 8	Days —
Sex female		Color or Race white		Birth- place Md			
Married, Single or Widowed		Single		Occupation None		—	
Name of Wife or Husband		None					
Father's Name C. A. Valentine				Father's Birthplace Md			
Mother's Maiden Name Rebecca Romineck				Mother's Birthplace Pa			
Name of person giving Information C. W. Jackson				How related to deceased Bro. in law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Croup	How long	5 days
Immediate	Asphyxia	How long	10 hrs
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		C. H. Brace, M.D.	
Address		Cumberland Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Midlothian</i> ^{Town}		<i>Allaghamie</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Nov</i>	Day <i>13</i>	Age <i>105</i>	Years <i>3</i>	Months <i>20</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Midlothian</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>W. Whitehead</i>			Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Mandy Whitehead</i>			Mother's Birthplace <i>America</i>		
Name of person giving in formation			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>6 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. H. Lally</i>
	Address <i>Midlothian</i>
Accident or Suicide?	

Interim to Middleton -

Interim Themselves

50m

Name
in
Full

Edward Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Alligany		MARYLAND	
Date of death 190		2	Month Nov.	Day 25	Age 28	Years	Months —
Sex male		Color or Race Black		Birth- place Virginia		Days —	
Married, Single or Widowed		Single		Occupation Laborer			
Name of Wife or Husband							
Father's Name				Father's Birthplace Virginia			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				Himself		How related to deceased No relation	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Typhoid fever & Consumption		How long		3 months	
Immediate		Exhaustion		How long		2 weeks	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J M Spear	
				Address		Cumberland Md	
Accident or Suicide?							



Name in Full William Williamson		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Cumtā Town		County Allegany
	Date of death 190 2		Month 11
	Day 22		Age 31
	Sex Male		Color or Race colord
	Married, Single or Widowed —		Occupation
	Name of Wife or Husband —		Birth-place Cumtā
	Father's Name George Williamson		Father's Birthplace
	Mother's Maiden Name Mollie		Mother's Birthplace
Name of person giving information Mollie Williams		How related to deceased bold	
CAUSES OF DEATH			
PHYSICIAN OR CORONER J	Primary Quintion		How long 151
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. H. Hawkins
	Accident or Suicide?		Address —



Name
in
Full

Baby Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pekin		County Allegany		MARYLAND		
Date of death 190		2	Month Nov	Day 10	Age —	Years —	Months —	Days 28
Sex Male		Color or Race White		Birth- place Maryland				
Married, Single or Widowed Single				Occupation —				
Name of Wife or Husband —								
Father's Name James Wilson Jr						Father's Birthplace Scotland		
Mother's Maiden Name Elizabeth Samley						Mother's Birthplace Maryland		
Name of person giving Information Elizabeth Wilson						How related to deceased Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Influenza		How long 2 weeks	
Immediate Broncho-Pneumonia		How long 4 days	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician M. G. Porter	
		Address Sonaeomung N.Y.	
Accident or Suicide?			



Name
in
Full

John Herbert Wink

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frostburg		County Allegany		MARYLAND	
Date of death 1902		Month 11	Day 20	Age Years —		Months 22	Days —
Sex Male		Color or Race White		Birth- place Frostburg			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name William Wink				Father's Birthplace Md			
Mother's Maiden Name Mary Semmer				Mother's Birthplace Md			
Name of person giving in formation Father.				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	93	How long	2 wks
Immediate	Pneumonia		How long	2 wks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Dr. W. M. Lane	
			Address Frostburg Md	
Accident or Suicide?				

to H. Nickel
Hindulshaus
Cemetery.
Perry

Elizabeth Wortman,
Town CountyDied at Cumberland MARYLAND
Month Day Y. M. D. Native of OccupationDate 19 02 Nov. 30 Age 76 Pa. None
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
Female Colored Single Widower Number of children living 3Husband of John Wortman Dec '11,
Wife
Father's Name Mother's
Maiden NameCause of { Primary Burns of Hip and Thighs How long sick About 1 Mo.
Death { Immediate Exhaustion
~~Accident, Suicide, Homicide~~Reported by *Geo. L. Broadnax MD*
Address 100 Va. Ave. Cumberland Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Mary E Wright*Died at *Breastown* TownCounty *allery*

MARYLAND

Date of death 190 *2* Month *11* Day *2*Age *60* YearsMonths *—*Days *—*Sex *Female*Color or Race *American*Birth-place *Baltimore*Married, ~~Single~~ *married*
~~or Widowed~~

Occupation

Name of ~~Wife~~ *Ellen Wright*
Husband

Father's Name

Father's Birthplace

Mother's Maiden Name *Mary E Myers.*

Mother's Birthplace

Name of person giving information *E. E. Wright*How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Tuberculosis & Cancer*

How long

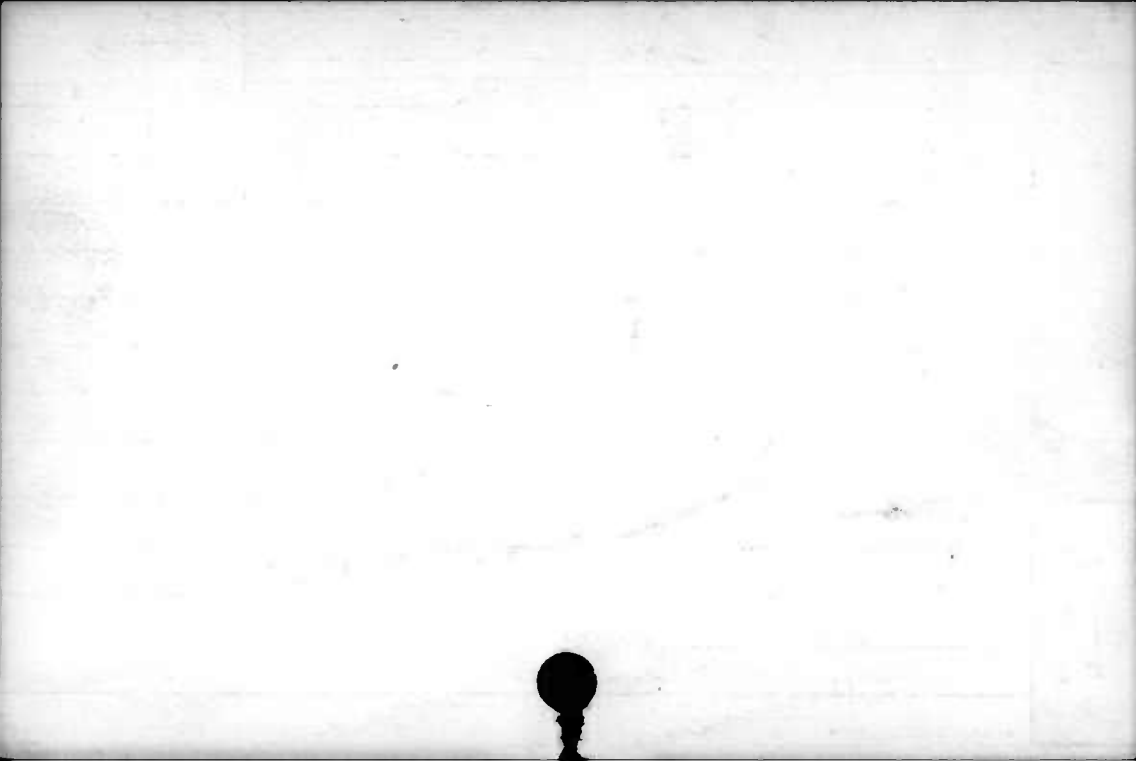
Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *E. E. Cunningham*Address *Breastown*
md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Thurgood Gupke</i>		Town <i>Cumberland</i>		County <i>Allegany</i>		State <i>MARYLAND</i>	
Date of death 19 <i>02</i>	Month <i>Nov</i>	Day <i>17th</i>	Age <i>17 1/2</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>White</i>				
Married, Single or Widowed <i>Widowed</i>	Occupation <i>Housewife</i>						
Name of Wife or Husband <i>Michael Gupke</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace <i>45</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Carcinoma</i>	How long <i>One year</i>
	Immediate <i>Exhaustion</i>	How long
	Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>F. B. W. Jones</i>
	Address <i>Cumberland Md.</i>	
	Accident or Suicide? <i>—</i>	

